

California State Library  
Library Services and Technology Act  
Fiscal Year \_\_\_\_\_

**PROPOSAL (LSTA 5)**

Submit in sixteen (16) copies to be received by 4:30 p.m. on the date specified in the LSTA Planning Calendar, Attn: Jay Cunningham, Library Development Services, California State Library, P.O. Box 942837, Sacramento, CA 94237-0001 for mail. (Non-postal delivery: 900 N Street, Suite 500, Sacramento 95814). FAX is not acceptable. INFORMATION: Tel. (916) 653-5217.

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1. Project title:
2. Applicant organization/jurisdiction:
3. Address:  
\_\_\_\_\_  
ZIP+4: \_\_\_\_\_
4. Applicant contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address (if different from #3): \_\_\_\_\_  
FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_
5. Type of Library: System \_\_\_\_\_, Public \_\_\_\_\_, Academic \_\_\_\_\_, Special \_\_\_\_\_  
School \_\_\_\_\_
6. Population: Client \_\_\_\_\_ Total \_\_\_\_\_
7. Participants:
8. Amount of LSTA requested: \$ \_\_\_\_\_

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{PRIVATE }

Space below for Advisory Council use

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\_\_\_\_\_  
(Initials)

YES \_\_\_\_\_ NO \_\_\_\_\_ MAYBE \_\_\_\_\_

**Comments:**

Project Title:

Jurisdiction:

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9. Project Summary: include needs assessment process; needs; description of client/community involvement in project development; outline of plan; and long-term prospects for project continuation and/or continued benefits. BE SURE TO USE 12 POINT TYPE.

**State Plan Reference (e.g. "Goal C. S-T #1"):**\_\_\_\_\_

Project Title:

Jurisdiction:

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{PRIVATE }

9. Project Summary: continued. Complete in space provided; **do not attach additional sheets.**

Project Title:

Jurisdiction:

{PRIVATE }				
{PRIVATE }10. Budget Summary:	LSTA (1)	Other funds (2)	In-kind (3)	Total (4)
a. Salaries & Benefits				
b. Library Materials				
c. Operation				
d. Equipment (\$5K+)				
e. Total for Objectives				
f. Indirect Cost				
g. Total				

11. Signature: \_\_\_\_\_ Date:

Name:

Title:

Address: \_\_\_\_\_  
\_\_\_\_\_

*If different from page 1:*

Tel.: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_